

PUBLIC NOTICE (SPA 12-018)

The Department of Health and Human Services, Division of Medical Assistance, hereby provides notice of its intent to revise the dispensing of brand drugs to \$3.00 and the Generic Four Tiered Dispensing Fee (indicated below) under the N.C. Medicaid Outpatient Pharmacy Program effective with dates of service beginning on October 1, 2012

The dispensing fee for generic drugs will be determined according to the following tiers:

Generic Dispensing Rate	Dispensing Fee
82.1% +	\$7.75
77.1% - 82%	\$6.50
72.1% - 77%	\$4.00
72% -	\$3.00

Effective with dates of service beginning July 1, 2013, the dispensing fee for generic drugs will be determined according to the following tiers:

Generic Dispensing Rate	Dispensing Fee
80% +	\$7.75
75% - 79.9%	\$6.50
70% - 74.9%	\$4.00
69.9% -	\$3.00

DMA will be submitting a State Plan Amendment for the purpose of revising the reimbursement methodology.

The annual estimated state fiscal impact of this change is

- a. SFY 2013 (\$3,427,677.00)
- b. SFY 2014 (\$1,102,300.00)

A copy of the proposed amendment may be viewed at the county department of social services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Medical Assistance at the address listed below:

Michael Watson
Director
Division of Medical Assistance
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Raleigh, NC 27699-2501

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